



MESSAGES TO SHARE

Below are sample messages to be shared on social media or as Plan of the Week notes aligned with Navy Drug Detection and Deterrence's prevention efforts:

1. Cardiovascular diseases are the leading cause of death in the United States among both men and women. Many factors impact heart health, including diet and exercise and even tobacco use. Visit the Navy and Marine Corps Public Health Center at go.usa.gov/xt2rK to find tips on how to protect your heart from their Heart Health Month toolbox.
2. Many people try out a "Dry January" at the start of the new year to engage in healthy habits and cut back on alcohol consumption. If you're thinking of keeping up the efforts to drink less, check out OwnYourLimits.org for resources to assess your current drinking habits and tips on responsible drinking.
3. Got some old pain meds from surgery or dental work you had last year? That new shoulder pain may have you down, but those old meds are not the best solution. Medications prescribed over six months ago are considered "expired," and could cause more trouble than you anticipated. Try a non-prescription med, or talk to your provider about getting a current prescription.
4. Did you know that alcohol consumption before bed can disrupt sleep? Insufficient sleep not only negatively impacts safety and readiness but is also linked to certain chronic conditions. Talk to your doctor if you're having issues with your sleep quality. Find tips for improving your sleep at cdc.gov/sleep.

IN THIS ISSUE

PAGE 1

Alcohol and the Heart: Myths and Facts
Messages to Share

PAGE 2

WebDTP/DTP Lite to Replace NDSP
Pediatric Cannabis Poisonings
Events

ALCOHOL AND THE HEART: MYTHS AND FACTS

Understanding the risks and benefits of alcohol use can be confusing, which is understandable since research is often correlational and uncertain. Most studies of lifestyle choices such as diet, exercise, and alcohol use rely on participants' truthful reporting of habits and other factors like economic status or social activities, which could influence findings. Before declaring "To health!" and clinking glasses, find out how to separate myth from fact.



What We Know

Excessive drinking—defined as more than 14 drinks a week for men and seven for women—is associated with a myriad of negative health effects including heart muscle damage (alcoholic cardiomyopathy), stroke, high blood pressure, certain cancers (including breast, mouth, throat, esophagus, and liver cancer), premature aging of the arteries, and a high triglyceride level, which raises risk of heart attack. Extra calories from drinking increase obesity and diabetes risk. Alcohol misuse is the leading **risk** factor for premature death among men between ages 15 and 59.

What We Have Heard

"Wine is good for you!" According to the American Heart Association, no **research** has proven a cause-and-effect link between alcohol consumption and improved heart health. Red wine contains some antioxidants and flavonoids, but those are also found in red grapes, blueberries, and other colorful fruits which provide many more health benefits than an alcoholic beverage. The American Heart Association does not recommend drinking any form of alcohol to achieve potential health benefits.

Best Practice

If you choose to drink alcohol, stick to moderate consumption, which means one to two drinks a day for men and one drink for women. "One drink" equals 12 fluid ounces of beer, five fluid ounces of wine, or 1.5 fluid ounces (a typical "shot") of distilled spirits such as vodka, rum, tequila, or whiskey. Women's blood alcohol concentration (BAC) will be higher than men's after drinking the same amount of alcohol, even if they are of the same weight. Excessive drinking in women increases **risk** of liver damage, including cirrhosis and alcoholic hepatitis, and risk of alcohol-related heart disease, even if they consume less alcohol than men over the course of their lifetime. Women are also more susceptible to alcohol-related brain damage and blackouts. Those under the age of 21, individuals taking medications such as pain relievers, sedatives, or anxiety medications, and anyone who is pregnant or trying to conceive should avoid alcohol entirely.

If you are concerned about your own or a friend's alcohol consumption, visit the Own Your Limits campaign for information on responsible drinking at www.OwnYourLimits.org or contact your local DAPA for assistance.

Navy Drug Detection and Deterrence Newsletter



SERVING PROUD • SERVING DRUG FREE

FEBRUARY 2022

WEBDTP/DTP LITE TO REPLACE NDSP

Beginning July 23, 2022, the Military Drug Testing Program (MDTP) will no longer support the Drug Testing Program (DTP) Desktop 5.x and DTP Lite applications for the collection of Service member urinalysis specimens.

The transition to new Web DTP and DTP Lite 6.x application began September 1, 2021 with full migration at all MDTP collection sites required by January 22, 2022. The modernized application enables the integration of 2D barcoding on specimen bottle labels.

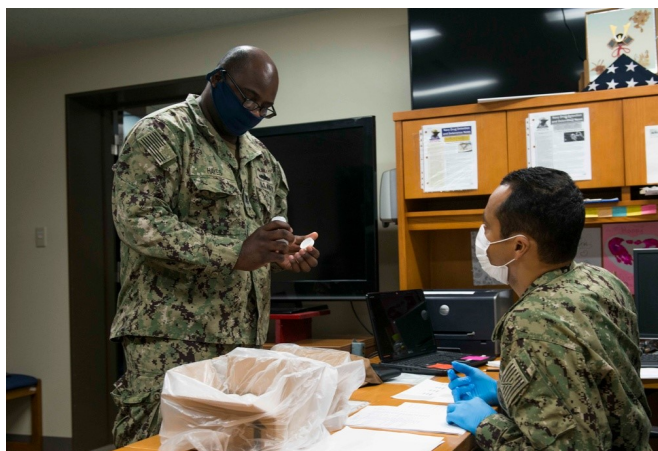
Navy must immediately transition from the desktop Navy Drug Screening Program (NDSP) 5.4 application to web based WebDTP where possible by these effective dates:

- As of January 23, 2022, the testable discrepancy code "5Z-5.x DTP Sample" has been applied to all specimen samples collected under NDSP.
- On July 23, 2022, the fatal discrepancy code "5Y-5.x DTP Decertified" will be applied to all specimen samples collected under NDSP, meaning these specimen samples will not be tested. This does not apply to United States Military Entrance Processing Command (MEPCOM) applicant drug testing program.

Based on these effective dates, activities are directed to shift from NDSP to WebDTP/DTP Lite accordingly.

The required steps for migration are located on the "NDSP to WebDTP Migration (Cheat Sheet)," provided to assist Urinalysis Program Coordinators (UPCs) with the transition. The document and other information for UPCs, Drug and Alcohol Program Advisors, and Alcohol and Drug Control Officers can be found at the WebDTP webpage link at www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/WebDTP/.

Any questions regarding this migration can be emailed to MILL_NDSP@navy.mil.



CURRENT & UPCOMING EVENTS

FEBRUARY DDD WEBINARS

Each webinar is scheduled for 1000-1130 CT and 1700-1830 CT.

2/3— Urinalysis Packaging Procedures (2D Barcode)

2/10— Best Practices for Testing (Various Categories)

2/17— RESFOR Dialogue (Looking Ahead – Testing Before Drilling Out)

2/24— CNETC Dialogue/WebDTP and DTP Lite Issues
Learn more and stay up-to-date by visiting

www.mynavyhr.navy.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/

ADAMS FOR LEADERS, DAPA & UPC COURSES

Can be accessed using your CAC by logging in to Navy e-Learning at learning.nel.navy.mil or Catalog of Navy Training Courses (CANTRAC) at

app.prod.cetars.training.navy.mil/cantrac/vol2.html

NMCPHC HEART HEALTH MONTH

February

Find the toolbox at go.usa.gov/xt2rK

NATIONAL WEAR RED DAY

February 4

Learn more about women and heart health at goredforwomen.org

PEDIATRIC CANNABIS POISONINGS

Ontario, Canada's emergency rooms saw nine times more visits from children under age ten for cannabis poisoning after legalization, and edible cannabis products are a major factor in this increase. A Canadian research team looked at three periods: pre-legalization, legalization of flower and oil-based cannabis products, and legalization of commercial edible products. Pre-legalization, there were about 2.5 ER visits per month, while after legalization of edible products, there were an average of 22.6.

Service Members are prohibited from using any cannabis or hemp products, but that doesn't mean that their children may not accidentally come into contact with these products at relatives' or friends' homes, especially if living in or visiting states with legal recreational or medical cannabis. Just as one would with prescription or over-the-counter drugs, making sure these products are out of children's reach is the best way to avoid these kinds of accidental poisonings. Always keep the National Poison Control Center's phone number handy and visible. It is 1-800-222-1222.